



Reparations Package Proforma Agreement

I, _____, (Case No _____) from _____ --acknowledge that the following reparations package has been discussed with me, and that I am satisfied with the proposed reparations package being offered.

SUMMARY OF REPARATIONS PACKAGE COMPONENTS

Part A Components

| REPERATION | DETAIL | VALUE (PGK) |
|-------------------------------------|---|------------------------|
| Medical | Full Medical Check Up paid directly to service provider | 400 |
| | Corrective surgery paid directly to service provider | |
| | Associated Medical Support to be provided to Service Provider | 200 |
| Counselling | 12 sessions available to be provided directly to Service Provider | 540 |
| Business Grants and Start Up | Available only subject to completion of Business training and is non transferable | 15,000 |
| Business Training | To be paid directly to Service Provider | 180 |
| Transport Allowance | Related to Training in Porgera area Only if living outside of Porgera for 12 trips related to counselling | To be provided by PRFA |

Total Part A : K16, 380.00

Part B Components

| REPERATION | DETAIL | VALUE (PGK) |
|--------------------|------------|-------------|
| School Fees | <i>NIL</i> | |
| | | |

**Total Part B :
Financial Supplement : K5, 000**



Total Value cost : K21, 320.00 : Overall value of claimant package

I understand and acknowledge that a formal settlement agreement including the Reparaitions Package outlined above will now be prepared and provided to me for consideration and signing.

Claimant Name: _____

Claimant Signature: _____

Date: _____

Witness Name: _____

Witness Signature: _____

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